



# Little Kickers

New  
Program!

This program is designed for children between the ages of 3 and 6 and introduces them to the fundamentals of soccer. Each week USSF licensed trainers will introduce different games to the players that help them learn the basics of the sport while keeping the emphasis on fun.

**Session #1:** *Tuesdays*, November 9, 16, 23, 30, 2004, December 7, 14, 21, 2004 and January 4, 2005 from 10:00am to 11:00am.

*Fridays*, November 12, 19, December 3, 10, 17, 2004, January 7, 14, 21, 2005 from 12:00pm to 1:00pm.

**Session #2:** *Tuesdays*, January 11, 18, 25, February 1, 8, 15, 22, and March 1, 2005 from 10:00am to 11:00am.

*Fridays*, January 28, February 4, 11, 25, March 4, 11, 18, and April 8, 2005 from 12:00pm to 1:00pm.

**Session #3:** *Tuesdays*, March 8, 15, 22, April 5, 12, 19, 26, and May 3, 2005 from 10:00am to 11:00am.

**Location:** Soccer Centers (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 of Route 287.

**Cost:** \$90.00 checks made payable to "Soccer Centers". If signing up for more than one session or child, separate checks and forms are required.

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. Out of Town residents are welcome to register for this program but will only be accepted into the program after all Bridgewater residents have been accommodated; if non-residents are not taken, checks will be returned.

**Three ways to register!** In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

## 2004/2005 Little Kickers

\$90.00 – checks payable to "Soccer Centers"

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Circle Gender: Male or Female

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Parent Work #: ( ) \_\_\_\_\_

Parent Cell #: ( ) \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 11/9: \_\_\_\_ Age as of 1/11: \_\_\_\_ Age as of 3/8: \_\_\_\_

### Check Session Choice:

#### Session #1

☐ Tuesdays begins 11/9 ☐ Fridays begins 11/12

#### Session #2

☐ Tuesdays begins 1/11 ☐ Fridays begins 1/28

#### Session #3

☐ Tuesdays begins 3/8

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date